

**ON-LINE UPDATE 1/7/04**

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Prosthetic Providers  
Orthotic Providers  
Managed Care Plans

**Memorandum No: 03-89 MAA  
Issued: October 30, 2003**

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**For Information Contact:  
1-800-562-6188**

**Subject: Prosthetic and Orthotic Devices: Change in Rate for Procedure Code  
L0486**

**Retroactive to dates of service on and after July 1, 2003**, the Medical Assistance Administration (MAA) revised the fee schedule for prosthetic and orthotic devices to match Medicare changes. These revisions are listed in this numbered memorandum.

**What are the revisions?**

- MAA has adjusted the maximum allowable fee for HCPCS code L0486 from \$787.52 to **\$1,419.28**. The Centers for Medicare Medicaid Services (CMS) recently corrected the rate error for this code and MAA adjusted its fee schedule to match.
- HCPCS code A4572 was discontinued and replaced by HCPCS code L0210. Procedure code L0210 was listed in MAA's July fee schedule without an indication that this code replaced A4572. A statement to this fact has been added to the attached fee schedule page.

Attached are replacement pages G.1-G.4 and **G.11/G.12** for MAA's Prosthetic and Orthotic Devices Billing Instructions, dated July 2003.

Bill MAA your usual and customary charge.

To obtain MAA's billing instructions and/or numbered memorandums electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).



# Fee Schedule

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## Understanding the fee schedule

- In the P.A. (Prior Authorization) column on the fee schedule:  
  
Y means requires prior authorization; and  
Y\* means requires prior authorization only for clients 17 years of age and older.
- In the Licensure column on the fee schedule:  
  
Y means licensure required; and  
Y\*\* means licensure required if prescribing treatment of scoliosis.
- **HCPCS codes** that do not have a Medicaid Maximum Allowance established are listed as **By Report (B.R.)** or **Noncovered (#)**.
- Please provide the following documentation for By Report procedures requiring prior approval:
  - (1) A detailed description of the item that will be provided.
  - (2) The procedure code that most closely describes the By Report item. If the item has been modified, note how that was done.
  - (3) If appropriate, the manufacturer's invoice, price list, a catalog with product description, and cost of itemized items.
- **Modifiers:**
  - RT = Right**
  - LT = Left**
  - RP = Replacement**



**Note:** If dispensing new bilateral/single item(s), use modifiers RT, LT, as appropriate. If dispensing replacement for a previous prosthetic(s) or orthotic(s), use modifier RP.

## Prosthetic and Orthotic Devices

<b>Procedure Code</b>	<b>P.A.</b>	<b>Licensure</b>	<b>Description</b>	<b>July 1, 2003 Medicaid Max. Allow.</b>
K0556		Y	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism	\$574.46
K0557		Y	Addition to lower extremity, below knee/above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism	\$478.72
K0558	Y	Y	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code K0556 or K0557). <b>See EPA criteria, pages E.5 - E.7.</b>	\$1,035.58
K0559	Y	Y	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code K0556 or K0557). <b>See EPA criteria, pages E.5 - E.7.</b>	\$1,035.58
L0100	Y	Y	Cranial orthosis (helmet), with or without soft interface, molded to patient model	\$435.69
L0110			Cranial orthosis (helmet), with or without soft interface, non-molded	\$117.28
L0120			Cervical, flexible, nonadjustable (foam collar)	\$26.63
L0130		Y	Cervical, flexible, thermoplastic collar, molded to patient	\$148.18

**Prosthetic and Orthotic Devices**

<b>Procedure Code</b>	<b>P.A.</b>	<b>Licensure</b>	<b>Description</b>	<b>July 1, 2003 Medicaid Max. Allow.</b>
L0140			Cervical, semi-rigid, adjustable (plastic collar)	\$64.25
L0150			Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)	\$85.57
L0160			Cervical, semi-rigid, wire frame occipital/mandibular support	\$117.90
L0170	Y	Y	Cervical, collar, molded to patient model	\$571.88
L0172			Cervical, collar, semi-rigid thermoplastic foam, two piece	\$103.21
L0174			Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension	\$217.30
L0180			Cervical, multiple post collar, occipital/mandibular supports, adjustable	\$316.84
L0190			Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types)	\$445.76
L0200			Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars, and thoracic extension	\$497.74
A4572			<b><i>Discontinued for dates of service on and after July 1, 2003. Refer to L0210.</i></b>	
L0210			Thoracic, rib belt	\$33.33
L0220			Thoracic, rib belt, custom fabricated	\$99.18
<del>L0300</del>		<del>Y**</del>	<del>TLSO, flexible (dorso-lumbar surgical support)</del> <b><i>Discontinued for dates of service on and after July 1, 2003. Refer to L0450.</i></b>	<del>\$170.89</del>

Prosthetic and Orthotic Devices

<u>Procedure Code</u>	<u>P.A.</u>	<u>Licensure</u>	<u>Description</u>	<u>July 1, 2003 Medicaid Max. Allow.</u>
L0310			<del>TLSO, flexible (dorso-lumbar surgical support), custom fabricated</del> <i>Discontinued for dates of service on and after July 1, 2003. Refer to L0452.</i>	\$284.08
L0315		Y**	<del>TLSO, flexible (dorso-lumbar surgical support), elastic type, with rigid posterior panel</del> <i>Discontinued for dates of service on and after July 1, 2003. Refer to L0454 and L0456.</i>	\$237.90
L0317		Y**	<del>TLSO, flexible (dorso-lumbar surgical support), hyperextension, elastic type, with rigid posterior panel</del> <i>Discontinued for dates of service on and after July 1, 2003. Refer to L0454 and L0458.</i>	\$354.17
L0320		Y**	<del>TLSO, anterior-posterior control (Taylor type), with apron front</del> <i>Discontinued for dates of service on and after July 1, 2003. Refer to L0466.</i>	\$351.29
L0321		Y	<del>TLSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)</del> <i>Discontinued for dates of service on and after July 1, 2003. Refer to L0458, L0460, L0462, and L0464.</i>	\$317.81
L0330		Y**	<del>TLSO, anterior-posterior-lateral control (Knight-Taylor type), with apron front</del> <i>Discontinued for dates of service on and after July 1, 2003. Refer to L0468.</i>	\$421.65
L0331		Y	<del>TLSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment)</del> <i>Discontinued for dates of service on and after July 1, 2003. Refer to L0458, L0460, and L0462.</i>	\$370.52
L0340		Y**	<del>TLSO, anterior-posterior-lateral rotary control (Arnold, Magnuson, Steindler types), with apron front</del> <i>Discontinued for dates of service on and after July 1, 2003. Refer to L0470.</i>	\$504.92

**Prosthetic and Orthotic Devices**

<b>Procedure Code</b>	<b>P.A.</b>	<b>Licensure</b>	<b>Description</b>	<b>July 1, 2003 Medicaid Max. Allow.</b>
L0478	Y	Y	TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of LS region, includes straps and closures, custom fabricated	\$1,082.60
L0480	Y	Y	TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	\$1,252.86
L0482	Y	Y	TLSO, triplanar control, one piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	\$1,276.86

**Prosthetic and Orthotic Devices**

<b>Procedure Code</b>	<b>P.A.</b>	<b>Licensure</b>	<b>Description</b>	<b>July 1, 2003 Medicaid Max. Allow.</b>
L0484	Y	Y	TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	\$1,337.75
L0486	Y	Y	TLSO, triplanar control, two piece rigid plastic shell with interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated	\$1,419.28
L0488		Y**	TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated includes fitting and adjustment	\$1,181.30